

## WINDSCREEN CLAIM FORM

1. Insured \_\_\_\_\_
2. Policy Number \_\_\_\_\_
3. Address \_\_\_\_\_
4. Registration Number \_\_\_\_\_
5. Make and Type of Vehicle \_\_\_\_\_
6. Date on which Damage Occurred \_\_\_\_\_
7. Name of Driver of Vehicle \_\_\_\_\_
8. Description of incident and damage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Is replacement windscreen the same type as the broken one? \_\_\_\_\_  
\_\_\_\_\_
10. Repairer's Name \_\_\_\_\_

I do hereby warrant the truth of the answers and particulars given on this form, and that I have withheld no material information and I hereby claim for the damage as set out on this form hereto amounting in all to Kshs. \_\_\_\_\_

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

Signature of the Insured \_\_\_\_\_

I wish to reinstate my windscreen cover to cover my new one Yes No